A THE	DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES	LOW!					
	CHILD CARE FACILITY	1014					
		וח ממראוו	LOCATION AN				
RE/	ASON USDIXI GRADE Inspection Date: 1993 ESTABLISHMENT NAME: 1993 ESTABL						
Regular	****** * ***** **** ***** ***** ***** ***** ******	1089, 220	i uiði seig L				
Follow-U			and provide				
Complair	11 G.SD 11-00 TAMONDONG, CEONARDO	1 SAB	INA				
Investiga	tion RATING AM LOCATION: 1.26 FATI 119 ST Establish	ment Type:	Journel				
Other:	A 00000 180000	C (NUR	SERY				
	()40	mporary	Expired				
No. of Children: Male Female Total Child Care License: No.: Valid / / Provisional / / Expire							
inspection	ollowing items identify violations found this day in the operations and facilities which must be or sooner as the Department indicates. Non-compliance may result in downgrading or per a written request for hearing must be submitted before the indicated correction	rmit susper	by the next sion. To appeal				
ITEM*	REMARKS	DEMERIT	CORRECT BY				
	A REGIVEAR INSPECTION WAS CONDUCTED.	J Talk di	A VILLASIANI				
	PREVIOUS INSPECTION CONDUCTED ON 3/13/2019 (6/A).						
	ALL PLEVIOUS MOLATIONS WERE COPRECTED.						
			x-ring				
	The Tourseller Manager and The Angeles						
	THE FOLLOWING VIOLATIONS WELL OBSERVED:						
#13		7/7/2019					
	13 PAPER TOWELS NOT PROVIDED FOR MOST RESTROOMS (ROOM) 7/7/- ROOM 2, Room 3).						
	PAPER TOWELS SHALL BE PROVIDED TO PROMOTE PROPER						
	HANDWA SHINET.						
		-2 1 1					
甘汁	\$17 WODDEN RESTROOM DOORS IN FOOM I AND ROOMZ SPLINTERING 2 7						
	IN DISREPAIR. A HOLE FOUND ON WALL IN ROOM 2.						
	ALL PARTS OF THE FACILITY SHALL BE KEPT IN		III SASTIAAA				
	GOOD REPAIR TO PREVENT PHYSICAL HAZARDS.						
#29	DBSERVED ONE VNVIABLE COCKPOACH EGG IN DRAWER	2	7/7/2019				
	IN ROOM 3.	1000	13/01/				
	ALLOPENINGS SHALL BE PROPERLY COVERED TO						
		100					
	PREVENT ENTRY OF INSPICTS AND PESTS.						
l hav	e read and understand the above violation(s) and I am aware of the corrective me	DOLLEDG As	ho taken				
	When any of the following items are Received By (Name & Title):	asures to	be taken.				
	above, they shall be corrected within Funice R Pasual						
	10 days of this inspection: DEH Inspector (Name & Title):						
(2), (4), (6	1, (14), (21), (23), (24), (27), (28), (39) & (40). C. TAKA (E E A+1)						

		KLIST	DIVISION	I OF HILI ISP	JBLIC HEALTH AND SOCIAL SERVICES OF ENVIRONMENTAL HEALTH LD CARE FACILITY PECTION REPORT
REA Regular Follow-Up Complain		GRADE 5	Inspection Date:	7	ESTABLISHMENT NAME: ABC CHILDREN'S CENTER OWNER/OPERATOR: TAMONDONG, 15-0MRDO/ SABINA
Investigat Other:		RATING A.	Sanitary Permit No	4	LOCATION: 126 FATIMA ST. Establishment Type:
		H	20000-18-000		
The fo	ollowing ite	ems identify r as the Dep	partment indicates. Negreest for hearing m	day Von- nust	Child Care License: No.: 170159 Valid / Provisional / Expired ay in the operations and facilities which must be corrected by the next n-compliance may result in downgrading or permit suspension. To appeal at the submitted before the indicated correction date.
ITEM*	SHEDDIETT	Lucatalis du	HE	<u>EMA</u>	MARKS DEMERIT CORRECT BY
	PHOTO		D# 02677		1200ATE 0
	SVI) III				UPDATED.
	PIC	BRITEF	FED ON	AC	BOUE.
<u> </u>			= =_		
			11		
				=	
				===	
I have	e read an	d undarets	and the above viels	ation	on/a\ and I am aware of the serventive management to be taken
*Note: cited a	When an above, the 10 days	ny of the fol ey shall be s of this ins	llowing items are corrected within	F	non(s) and I am aware of the corrective measures to be taken. Received By (Name & Title): Eurice Ful wall DEH Inspector (Name & Title): C TAKASE FIND (